

# Cambian - Appletree

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Requires improvement



### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

## Overall summary

We rated Cambian Appletree as good because:

- Cambian Appletree was staffed to safe levels. Staff were suitably trained and compliance with mandatory training was at 100%.

# Summary of findings

- Medicines management practice, including storage, dispensation, and administration was in line with the relevant guidelines. Staff regularly reviewed patients' medication needs and undertook regular audits of medicines management practice.
- Cambian Appletree had a full range of rooms and equipment to support patients' care and treatment. A range of activities were available throughout the week and staff took into account patients' views in planning their day.
- Staff completed a comprehensive assessment of patients' risk and need on a regular basis using standardised tools. Patients' care plans were individual and holistic.
- Staff had received training in the revised Mental Health Act code of practice. Patients understood their rights

and which section of the Act they were detained under. Staff were supported by a Mental Health Act administrator who completed audits and scrutinised documentation.

- Staff worked well together as a team and held daily multi-disciplinary meetings. Patients felt supported by staff and we observed staff treating patients with kindness, dignity and respect.

However:

- Cambian Healthcare Limited had not fully updated its policies to reflect the changes in the Mental Health Act revised code of practice.
- Staff understanding of their responsibilities under the Mental Capacity Act varied. Staff did not always reflect decisions made about patients' capacity in their care plan.

# Summary of findings

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Good



# Cambian Appletree

Long stay/rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to Cambian - Appletree

Cambian Appletree is a 26-bed rehabilitation unit for females with mental health needs. At the time of inspection, Cambian Appletree had 24 patients. It provides services to patients who are detained under the Mental Health Act 1983 as well as informal patients. It is run by Cambian Healthcare Limited and is situated in its own grounds in Meadowfield, close to the city of Durham.

The hospital had a registered manager and an accountable officer in place at the time of the inspection. A registered manager is a person who has registered with

the Care Quality Commission (CQC) to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is ran.

Cambian Appletree has been registered with the CQC since 26 September 2012. It is registered to carry out two regulated activities; (1) assessment or medical treatment for persons detained under the Mental Health Act 1983, and (2) treatment of disease, disorder, or injury.

## Our inspection team

The lead inspector was Jayne Lightfoot. The team that inspected the hospital comprised two inspectors, one pharmacy inspector and one inspection manager.

## Why we carried out this inspection

We undertook this inspection to find out whether Cambian Appletree had made improvements since our last comprehensive inspection on 19 and 20 January 2016.

When we last inspected Cambian Appletree, we rated it as requires improvement overall. We rated Cambian Appletree as requires improvement for safe, requires improvement for effective, good for caring, good for responsive and good for well-led.

Following this inspection we told the Cambian Appletree that it must take the following actions to improve:

- The provider must ensure prescribing regimes are in accordance with the hospital's medicines management policy and NICE guidance. There must be a clear clinical oversight of prescribing to ensure the necessary safeguards are in place for patients.
- The provider must have an implementation plan in place to ensure changes in the revised Mental Health Act Code of Practice are implemented within the hospital. All staff must be trained in the revised code and policies and procedures updated as required.

We also told Cambian Appletree that it should take the following actions to improve:

- The provider should ensure that staff search patients based on an individual assessment of risk and need and in line with the hospital policy.
- The provider should ensure that staff formally document and regularly review decision making around restrictive practice and that there is a policy in place to support this.
- The provider should ensure that staff review the current blanket restrictions in place, such as access to aerosols and laundry and the 'contraband' list. It should be clear why these are in place and how and when staff will review them.
- The provider should ensure that the monitoring of fridge temperatures is accurate and that staff take action if the temperature is not within the desired range.
- The provider should ensure that staff monitor all items in the salon via COSHH procedures and the necessary first aid equipment is accessible.

# Summary of this inspection

- The provider should ensure that lessons learned from incidents are shared with staff and that it is clearly documented how this informs practice and procedures.

We issued Cambian Appletree with two requirement notices. These related to:

- Regulation 12: safe care and treatment
- Regulation 17: good governance

## How we carried out this inspection

We asked the following two questions:

- is it safe
- is it effective?

On this inspection, we assessed whether Cambian Appletree had made improvements to the specific concerns we identified during our last inspection. Cambian Appletree was found to be fully compliant with regulation 12 and not compliant with regulation 17.

During the inspection visit, the team:

- undertook a tour of the hospital and looked at the layout of the ward and cleanliness of the environment

- spoke with five patients
- spoke with the operations director, the hospital manager and the head of care.
- spoke with seven other staff members including doctors, nurses, support workers, occupational therapists and administrators
- reviewed three staff personnel files
- reviewed six treatment records of patients
- reviewed the prescription charts of 17 patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Patients spoke positively about the hospital environment and felt the hospital was clean and comfortable. They reported that staff worked well together as a team and they felt safe in the hospital. Patients commented that staff supported them in managing their mental and physical health needs and they felt involved in the

planning of their care. Staff provided a range of activities and supported patients to access Section 17 leave. This is a section of the Mental Health Act (1983) which allows the responsible clinician to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital site.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Cambian Appletree was staffed to safe levels. Staff had received the necessary training and compliance with mandatory training was 100%. Patients had good access to one to one time with staff, activities, and section 17 leave.
- Medicines charts were up-to-date and clearly presented to show the treatment people had received. The relevant legal authorities for treatment were in place and monitored by nursing staff. Medicines were safely stored and emergency medicines were available.
- Staff undertook a risk assessment of each patient using a recognised tool. Staff identified de-escalation strategies in patients' records to manage aggressive or potentially violent behaviour. Staff sought patients' views on how they preferred to be restrained and engaged in a de-brief with patients following an incident.
- Staff reported incidents and identified lessons to be learned from them. Staff clearly documented these and shared them with staff and patients. Patients reported they felt safe in Cambian Appletree.

However:

- Cambian Appletree had some blanket restrictions in place that were not based on an individual assessment of risk and need.

Good



### Are services effective?

We rated effective as requires improvement because:

- Cambian Healthcare Limited had not fully updated its policies to reflect the changes in the Mental Health Act code of practice.
- Staff understanding of their responsibilities under the Mental Capacity Act varied. Staff did not always reflect decisions made about patients' capacity in their care plan.

However:

- Staff had been trained in the Mental Health Act revised code of practice. Cambian Appletree had a local plan in place to implement changes in the code. Mental Health Act documentation was in good order.

Requires improvement



# Summary of this inspection

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication. Patients had good access to psychological therapies and physical healthcare. Medical staff monitored patients' physical health needs.



# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

All staff had received training in the Mental Health Act and revised code of practice. Detention documentation was in order. A Mental Health Act administrator completed audits and scrutinised documentation. Staff felt supported by this.

Where required, the relevant legal authorities for treatment were in place and nurses checked these when administering medicines.

Patient we spoke with knew which section of the Mental Health Act they were detained under and had information on their rights to appeal under the Act. Patients had access to an independent mental health advocate and most of the patients interviewed were using this service. Informal patients clearly understood their rights.

Cambian Healthcare Limited had not fully updated its policies to accurately reflect the requirements of the revised Mental Health Act code of practice. Cambian Appletree had implemented local procedures that ensured they operated in line with the code of practice, however, the overarching policies were still being reviewed at the time of inspection.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed combined training on the Mental Health Act, Mental Capacity Act and Deprivation of liberty safeguards. The hospital had made no Deprivation of liberty safeguards applications in the 12 months prior to inspection.

Staff documented decisions about capacity in patients' records but understanding about their responsibilities under the Mental Capacity Act varied in practice. Staff did not always link capacity assessments to patients' care plans.

Cambian Healthcare Limited had a policy in place to ensure staff worked within the principles of the Mental Capacity Act and monitored the completion of capacity assessments. The hospital worked closely with the local authority who took the lead on best interest assessments when required. All patients were presumed to have capacity unless it was proven otherwise.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Requires improvement	N/A	N/A	N/A	Good
Overall	Good	Requires improvement	N/A	N/A	N/A	Good

# Long stay/rehabilitation mental health wards for working age adults

Good 

Safe

Good 

Effective

Requires improvement 

## Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

### Safe and clean environment

Cambian Appletree was clean and well maintained. Cleaning records were up to date. Furnishings and fittings were in good order and the décor was maintained to a high standard. Cambian Appletree operated over two floors and was square with a central open-air courtyard. A convex mirror was present in one corridor to mitigate a blind spot. Nursing staff were aware of other blind spots and mitigated these by placing themselves at certain points in the corridor if they were concerned about a patient's risk. Staff understood the observation policy and increased patients' observation levels where needed.

Staff at Cambian Appletree conducted an annual building general risk assessment. This identified that all en suite bedroom doors had piano hinges and that patients were individually risk assessed and management plans implemented to mitigate this risk. Staff undertook an annual ligature audit and the most recent one was in February 2016. This identified all ligature risks along with actions required. Staff accessed a lock breaker if they needed to gain access to a patient's bedroom in an emergency. Staff were aware of the potential ligature risks within the hospital.

Staff undertook a monthly health and safety audit which involved checking first aid boxes, fire exit routes, perimeter fencing and safety signs amongst others. Issues identified included a shower, which activated a smoke detector and a loose fence panel. Staff took remedial action in a timely manner and documented this. Staff also documented twice-daily checks of the environment for safety and security. A representative from all disciplines of staff

attended the morning meeting where the environment was a standing agenda item. The staff in attendance then disseminated the outcomes of this meeting to the rest of the team.

All patient bedrooms and bathrooms had a nurse call system. An alarm system was in place and maintained by an outside company. If staff or patients raised an alarm, the location of the incident would be displayed on wall panels throughout the building. Staff had identified that the sound of the alarm added to patients' distress during an incident. As an alternative the staff all carried pagers, which would vibrate if an alarm was raised and identify the location of the alarm.

The clinic room was clean and tidy. Staff monitored fridge and room temperatures regularly. The drugs cupboard was in order, met with required standards and the appropriate checks were in place. Resuscitation equipment was present and checked regularly.

There were multiple activity rooms throughout Cambian Appletree, including an internet café, salon, gymnasium, garden and several lounge areas. Patients' had individual risk assessments to identify whether they could have a key to access certain areas unsupervised. Equipment was well maintained, clean and evidenced regular portable appliance testing.

At the time of the previous inspection, the inspection team identified a fridge that had been running at a high temperature. Although staff had documented this, they had not taken the appropriate action to remove perishable items and resolve the issue. During this inspection, we saw that staff had continued to monitor and record fridge temperatures. A review of these for the previous six weeks in two kitchen areas showed they were usually within the required range. On one occasion, a fridge temperature had increased to 10 degrees celsius as opposed to the recommended three to six degrees celsius. Staff had locked the fridge until the temperature dropped. Staff identified the cause as a patient having left the fridge door ajar. In response to this persistent issue, staff only permitted patients to keep drinks in this fridge.

# Long stay/rehabilitation mental health wards for working age adults

Good 

The salon contained substances that required monitoring such as nail varnish and peroxide hair colour. Staff kept these in a locked cupboard in the salon. At the time of the previous inspection it was found that the necessary controls were not in place to monitor these items. The salon also lacked some essential first aid equipment such as an eyewash kit. During this inspection we reviewed the file kept in the salon. This contained a safety data sheets guide, risk assessments for each item in the salon, a control of substances hazardous to health policy and a book to record items disposed of. Staff kept an inventory checklist of each item. A review of this for six weeks prior to inspection showed staff had checked each item every week. A first aid kit and eyewash kit were also present in the salon.

Infection control procedures were in place throughout Cambian Appletree. Quarterly infection control audits occurred as planned with the most recent taking place on 29 March 2016. Staff conducted regular hand hygiene audits with no issues identified. At the time of our inspection, hand gel dispensers were working throughout the hospital. An annual legionella risk assessment and action report had been carried out in October 2015 and the risk level deemed to be within a safe range. The monthly health and safety audit included checks on water systems and thermostatic controls.

## Safe staffing

Cambian Appletree had one vacancy at the time of inspection. The manager had advertised this vacancy. The manager did not use agency staff and had a regular bank of staff that were familiar with the hospital and patients. The manager was able to adjust staffing levels depending on the patient population and profile. The hospital employed two administrators and a receptionist.

The personnel files reviewed showed that the management of staff performance was both thorough and supportive. Staff spoke highly of the management team, and morale was high. At the time of inspection the total percentage of permanent staff sickness 2.8%, with no staff on long-term absence.

Cambian Healthcare Limited used their own safe staffing tools to establish the number of staff required on each shift. As the hospital had 24 patients at the time of inspection, the recommended optimum staffing levels were nine staff on each day with two qualified nurses, and

seven staff and at night with one qualified nurse. Cambian Healthcare Limited also identified a minimum safe staffing level for Cambian Appletree of one qualified staff member and four unqualified at all times. A review of the previous six weeks rota from 28 March 2016 to 15 May 2016 showed that all shifts met both the optimum and safe staffing levels.

Staff and patients reported no concerns about staffing levels. Patients felt there were plenty of activities available on the ward and had good access to section 17 leave. The hospital monitored the provision of activities and leave as part of their key performance indicators each week. Cambian Healthcare Limited aimed for 25 hours of meaningful activity each week and monitored how many patients were active by 10am each day. Cambian Appletree was performing at between 83% and 100% in the four weeks prior to inspection.

There were four Cambian Healthcare Limited hospitals within the North East region and each responsible clinician provided cover in the evening for their own hospital with support from their clinical colleagues where needed. Each clinician provided weekend cover across the four hospitals on a rota system. The medical director provided second on call cover, and the speciality doctors operated as nominated deputies. The responsible clinician and the speciality doctor lived within 30 minutes of the hospital. Staff reported good access to medical cover out of hours.

Patients' treatment records showed that patients had regular access to one to one time with their named nurse or key worker. Patients had both an associate nurse and key worker in case one was not available when needed. Following feedback from patients, staff had placed a board in the corridor identifying which staff were on shift each day. Patients knew who to speak to if they needed advice or support and the board identified each patient's one to one time.

Cambian Appletree had an induction training package called Achieve. This included ten e-learning modules on topics such as dealing with concerns at work, information governance awareness, infection control and equality and diversity. Depending on the job role staff then attended mandatory training on active care, first aid, managing violence and aggression, Mental Health Act, Mental

# Long stay/rehabilitation mental health wards for working age adults

Good 

Capacity Act and Deprivation of Liberty Safeguards. Staff had a six month induction period, with three months to complete the Achieve package. At the time of inspection, compliance with mandatory training was at 100%.

## Assessing and managing risk to patients and staff

Cambian Appletree did not have a seclusion room and there were no recorded incidents of seclusion. Each patient had identified de-escalation strategies and where possible staff would only use restraint if each of those had failed. In the six weeks prior to inspection, there were 31 recorded incidents of restraint. There were no prone restraints recorded in this period. A review of the restraint records from April 2016 was undertaken. Cambian Appletree recorded the position of the restraint, the duration of the restraint and which staff members were responsible for each body part. Patients had a care plan in place that identified how the patient preferred to be restrained. Staff involved in the restraint then re-engaged with the patient soon after the incident to re-establish the professional relationship and patients had access to debrief following each restraint episode.

We reviewed the care records of two patients who staff had restrained several times in April 2016. Staff amended the risk assessment following an episode of restraint. They increased observation levels initially and reduced these over time. Staff attempted physical health monitoring after they had administered intra-muscular medication although the patient often refused to consent to this. Staff would increase observation levels to mitigate this risk. In the care plan, there was a section on primary, secondary and tertiary interventions. Verbal de-escalation was the primary and restraint following violent outbursts was secondary. This detailed advanced notice for preferences such as in the seated position with female staff if possible. Tertiary interventions involved staff using intra-muscular medication as a last resort if all other interventions had been used and the patient remained distressed.

Staff were trained in the management of violence and aggression techniques, however were moving to the management of actual or potential aggression model. The manager felt this was better for the patient group and provided them with more responsibility and empowerment in managing their own behaviour. Two staff were identified as instructors and would train the remainder of the staff in the coming months.

Cambian Appletree had an observation policy and staff could explain this to us. Patient risk determined observation levels. All of the six treatment records reviewed contained an up to date risk assessment and risk management plan. Cambian Appletree used the short-term assessment of risk and treatability tool. This was an evidence-based tool that assessed future violent and risk behaviours in the short term and identified risk to self and others through structured professional judgements. Repeat assessments captured attitudes and behaviours over time to evaluate patient progress. Following this staff completed the historical clinical risk management – 20. This is a 20-item checklist to assess the risk for future violent behaviour. It included variables that captured relevant past, present, and future considerations to determine an individual's treatment plan. Staff undertook regular reviews of both risk assessments along with a daily risk assessment of each patient. The daily risk assessment was a Cambian Healthcare Limited document that consisted of a checklist of key risk behaviours in areas of neglect, suicide, and violence. It had a brief risk management plan focussing on risk reduction and identifying leave status. Each patient had a coloured rating of red, amber or green depending on her presentation and behaviour over the previous twenty-four hours. Staff shared the risk status of each patient with the rest of the team at the morning meeting. Staff kept the assessment in the most appropriate file for that day to ensure it was accessible, such as the observation file or the one to one file.

Patients had keys to their own bedrooms and were individually risk assessed to determine whether they had access to certain areas and items within the hospital. Those who had mobile phones could access the internet on their devices and all patients were risk assessed to determine their access to the internet on the computers. Patients had a swipe card for unrestricted access to areas such as the courtyard and activity rooms. Those that did not have access could do so with staff supervision. Patients had access to outdoor space at all times.

At the time of the previous inspection, Cambian Appletree had some blanket restrictions in place. We recommended that they should ensure that staff formally documented and regularly reviewed decision making around blanket restrictions. We also recommended that Cambian Appletree should ensure that staff reviewed the current

# Long stay/rehabilitation mental health wards for working age adults

Good 

blanket restrictions in place, such as access to aerosols and laundry and the 'contraband' list. It should be clear why these were in place and how and when staff would review them.

Cambian Healthcare Limited had developed a restrictive practice policy to outline the procedures staff needed to follow if hospitals placed restrictions on patients. The staff at Cambian Appletree discussed restrictions every Tuesday in the morning meeting. Staff had begun documenting discussions about restrictions placed on patients at the local and regional clinical governance meetings. The operations director intended to make it a standing agenda item at the monthly regional managers meeting. This was to ensure managers identified what the areas of restrictions were, shared ideas about how they could manage them and identified how and when they should be reviewed.

During this inspection, Cambian Appletree still had a list of 'contraband items' that were not permitted within the grounds. This included weapons, chewing gum and blue tack. Staff informed us they had permitted aerosols to be used following our last inspection, but this had caused further problems with some patients abusing them. Through discussion with patients, they had again removed aerosols from the hospital. Staff counted the cutlery in and out at every meal. The manager stated this had been in response to some patients secreting items and using them to harm themselves. They reported there had been no incidents of this nature since staff had put the system in place. This was a restriction imposed on every patient regardless of individual risk and need. However, staff felt this was necessary to safeguard the patients, as some patients chose to secrete items and one patient had made threats to kill with a knife. The manager had considered providing patients with their own cutlery set, to be returned after every meal, however this was still restrictive. Some patients had additional restrictions based on individual risk, such as using plastic cutlery or not using the dining area. This was only in place when staff and patients identified the risk to themselves and others of using metal cutlery had heightened.

Patients could only access the laundry with staff supervision. Staff reported this was due to the risk of some patients who ingested products such as fabric softener and the risk of items of clothing going missing. The multi-disciplinary team were discussing options such as individual lockers for patients to enable patients with a low

level of risk to access the laundry unsupervised. The manager reported that Cambian Appletree had a patient group with complex needs and that restrictions were in place for the safety of all patients within the hospital.

Following the CQC inspection in January 2016, the staff had altered their practices for searching patients. At that time, staff were automatically searching every patient on return from escorted or unescorted leave without an individual assessment of risk or need. At the time of this inspection, staff discussed each patient's search level every week at the morning multi-disciplinary team meeting. Depending on their level of risk and presentation, staff would identify whether they required searching with a 'wand', or a pat down including a bag search. This would also depend on whether the leave was escorted or unescorted. Staff searched some patients randomly and some patients were not searched at all on return from leave. Following this change there had been an increase in patients bringing restricted items into the hospital, but staff had managed this with each individual patient and the manager reported things had since settled down.

Cambian Appletree entrance was via two locked doors. The exit doors into the garden area and inner courtyard were accessible via a swipe card. An individual assessment of risk determined which patients had unsupervised access. Those who did not were able to access the area with staff supervision. Notices were in place on all entrance and exit doors to advise informal patients of their right to leave.

Safeguarding adults and children was part of the mandatory training for all staff at Cambian Appletree. Staff had a good understanding of safeguarding and their responsibilities in reporting concerns. All staff had completed the training and meeting minutes showed regular discussion of any safeguarding issues for patients.

Cambian Appletree had a contractual arrangement with an external pharmacy to provide medicines for all patients. There were additional arrangements for staff to obtain medicines in an emergency. A pharmacist did not work onsite however, the hospital had access to advice remotely if needed. Cambian Healthcare Limited's quality improvement team conducted annual pharmacy audits. The most recent took place on 8 January 2016. They focussed on medicines management practices such as storage and the clinic environment, they did not scrutinise the prescribing regimes. Nursing staff undertook all medicines reconciliation. Medication reconciliation is the



# Long stay/rehabilitation mental health wards for working age adults

Good 

process of creating the most accurate list possible of all medications a patient is taking and comparing that list against the physician's admission, transfer, or discharge orders, with the goal of providing correct medications. The nurse on night shift would complete medicines reconciliation checks. Following the previous CQC inspection in January the manager had requested that the external pharmacy attend and undertake a medication audit. This had been completed the week prior to this inspection and staff were awaiting the report.

Medicines management practice was good, with suitable premises and storage available. The prescription charts were up-to-date and clearly presented to show the treatment people had received. Staff had a good understanding of safe medicines management and there was training for staff available. There was a comprehensive checklist completed by a qualified nurse. The check list included looking at stock levels, consent to treatment compliance and clinic room checks. Where audits identified concerns, staff took action to address them. Staff shared learning from medication incidents at clinical governance meetings.

We looked at 17 patients' medicines administration charts and found staff had completed records accurately, where an error had occurred staff had raised this as an incident. Some patients managed their own medications under the supervision of a nurse and staff discussed patients' progress at multi-disciplinary team meetings. However, for one person staff had not updated the risk assessment when the level of support had changed. Staff gave patients medication packs for their period of leave which were ordered from the pharmacy. Medicines were securely stored. Staff completed checks of emergency medicines to ensure they were available if needed.

## Track record on safety

Since January 2016 there had been one recorded serious incident requiring investigation. A review of this investigation showed that staff had followed hospital procedure and clearly documented the incident. The manager had informed the CQC, the police, the local safeguarding team and the necessary professional bodies. A root cause analysis was undertaken, actions were outlined with recommendations and staff were debriefed.

## Reporting incidents and learning from when things go wrong

The manager reported a good relationship with the local safeguarding team and raised alerts with them as needed. In the six weeks prior to inspection, the hospital raised no alerts. Cambian Appletree monitored all safeguarding alerts via the electronic clinical statistics reporting system. This documented the number of incidents, the type of incident, whether restraint was used and whether the appropriate agencies were informed. Documentation showed regular referrals to the local safeguarding team and commissioners reported that Cambian Appletree was open and transparent in keeping them informed of incidents. Staff kept safeguarding files for each patient with a copy of any alerts and administrative staff held a central log. Staff used the local authority threshold tool when deciding whether to raise an alert. Staff felt well supported following an incident, and discussions were documented on a debrief form. Cambian Appletree had a policy on duty of candour and staff understood their responsibilities under this. The electronic reporting system would monitor any incidents that triggered the need to follow the duty of candour processes.

The management team used the morning meeting to share information with the staff team. A standing agenda item for lessons learned was regularly completed. The administrative staff would email the full staff team each week with an overview of any compliments received that week and any lessons learned. Examples of these included ensuring communication with placements remained strong, concerns about patients sharing sensory toys that had lithium batteries in them and the importance of patients not discussing their medication needs with staff in communal areas. Staff felt well informed of any incidents and reported that learning was shared. The management team planned monthly staff meetings for both nursing and support staff. Since the previous inspection, attendance at these meetings had increased. An example of a lesson learned following an incident was when a patient secreted glue and brought it onto the ward. They then used this to block their door lock. The patient attempted to ligature in their bedroom and the glue in the lock prevented the lock breaker tool from working as effectively. Cambian Appletree responded by changing the locking mechanisms to slam locks, which allowed staff to still access and remove the lock if glue was to be used. The staff had documented this on the hospital risk register.

# Long stay/rehabilitation mental health wards for working age adults

Good 

## Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Requires improvement 

### Assessment of needs and planning of care

We reviewed six treatment records during the inspection. All contained a comprehensive assessment of patient needs. A nurse assessor commenced this prior to admission. It provided a full patient profile including family history, previous admissions, medications, risk and physical healthcare amongst others. A doctor and nurse assessed all patients and full screening was completed in the form of arranging blood tests and routine electrocardiogram. Staff completed medicines reconciliation at admission.

All treatment records contained regular assessments from nursing staff, psychology staff and the occupational therapy team. Staff reviewed care plans at a minimum every four weeks during the ward round. Care plans showed clear evidence of patient involvement and were individualised and holistic. They identified clear goals for the patient and included input from all members of the multi-disciplinary team. The detailed ward round slides in each patient's care record contained input from psychology and nursing and the patient's views on their treatment and progress.

Patients saw a GP for their physical health needs. The GP prescribed any medicines for physical health conditions or treatments required for the physical ailment they reviewed. A member of staff accompanied patients when meeting the GP to provide support and information. Patients had separate physical healthcare files, which contained care plans, clinical notes, test results and communication with hospitals and GP's. Those files reviewed were in good order and up to date. National Institute for Health and Care Excellence guidance was present in one of the files for a patient with diabetes and referred to within the care plan. Staff ensured this patient accessed retinopathy checks at the local hospital. Health promotion booklets were in place for each patient to record monthly health and wellbeing checks.

The care programme approach is a national approach, which sets out how mental health services should help people with mental illness and complex needs. All detained patients were under a care programme approach, and the hospital monitored their compliance with timely care programme reviews. The home treatment teams were involved and each discipline of staff within the hospital submitted reports on a patient's progress. Patients and their families and carers were involved in the care programme approach reviews.

Patient treatment records were paper based and were stored securely yet available to staff when required. Cambian Healthcare Limited had a contract with outside services for archiving and shredding of patient identifiable data. Cambian Appletree had an electronic client management system. Staff had to input data into the client management system in order to report on the hospital's key performance indicators. Key areas to input were care plan completion and reviews, care programme approach reviews, activity levels within the hospital and bed occupancy information. A further electronic system contained information on patient details, outcome measures and requirements under the Mental Health Act.

### Best practice in treatment and care

Cambian Appletree had a regional medical director, a locum responsible clinician and a speciality doctor who worked part time. The previous CQC inspection had highlighted issues with prescribing practices at the hospital. There was a lack of clinical oversight of the prescribing regimes within the hospital. Prescribing was not always in line with NICE guidance as recommended in the hospital's own prescribing policy. A review of all patients' prescription charts had found that two patients were prescribed above British National Formulary limits without the necessary measures in place. Staff had not documented that regular physical health checks were taking place, and the prescription chart did not state that the patient was being prescribed above recommended limits. As a result, senior management had conducted an investigation into prescribing practices and took action with the staff involved.

Immediately after the last CQC inspection, the manager and head of care commenced daily audits. This was to ensure prescribing was in line with British National Formulary limits, best practice guidance and recorded using the necessary Mental Health Act documentation.

# Long stay/rehabilitation mental health wards for working age adults

Good 

These audits had continued until 30 March 2016 when the manager felt assured that prescribing was in line with the hospital policies and National Institute for Health and Care Excellence guidance. The manager had introduced a form for patients to complete if they wished to discuss their medication with the clinicians outside of their monthly reviews. At the time of inspection, some patients in the service were receiving antipsychotic treatment above British National Formulary limits. This carries additional risks for the patient and is subject to extra physical health monitoring. Two patients we looked at had an alert recorded on the prescription card and high dose antipsychotic monitoring forms in place.

Staff had completed and recorded therapeutic drug monitoring for patients receiving medication such as clozapine. Monitoring is important to ensure people are physically well and that they receive the most benefit from their medicines. Staff mainly prescribed medicines in accordance with national guidelines. Where staff prescribed medicines off-label, staff made that decision on an individual patient basis. Off-label medicines are medicines that have a product licence and a UK marketing authorisation, but are prescribed or supplied for a different use to those detailed in the summary of product characteristics. Since our last inspection, staff had reviewed all patients' treatment and monthly reviews of prescribing were ongoing. Medical staff had begun reviewing when required medication at a minimum every month. They also developed a form to monitor which patients required additional blood tests and electrocardiogram's to ensure this was happening in a timely manner.

Nursing staff also undertook a monthly clinic audit to ensure the correct storage and administration of medicines. The head of care undertook a full medication audit in April 2016. A review of several of these audits between January and April showed that only one issue had been identified when the fridge in the clinic room was broken and staff had taken appropriate action.

Cambian Appletree employed a full time psychologist and assistant psychologist. An individual assessment of patient's needs was undertaken and therapies offered based on National Institute for Health and Care Excellence guidance. The psychology department worked very closely with the occupational therapists and therapy assistants. Therapies offered included modular dialectical behaviour

therapy, mindfulness and mentalisation based treatment. National Institute for Health and Care Excellence recommends these in the treatment of patients with borderline personality disorder.

Staff used recognised rating tools were to monitor outcomes for patients. These included health of the nation outcome scales and the model of human occupation screening tool. Treatment records showed these tools helped determine individual treatment plans for patients. Cambian Healthcare Limited also used these tools to monitor patients' progress via their clinical statistics reporting system. Outcome data was produced for Cambian Appletree each month, and the data from all hospital sites was shared nationally within Cambian Healthcare Limited every quarter.

Clinical staff were involved in clinical audits. The head of care undertook the monthly clinic audit and the speciality doctor had undertaken audits on the recording of consent. An action plan was in place to ensure the implementation of the Winterbourne view recommendations. Staff completed a case-tracking audit three times per year and assessed patient care and treatment against the Winterbourne View recommendations and the CQC fundamental standards.

## **Skilled staff to deliver care**

Cambian Appletree had a full range of mental health disciplines providing input to patient care and treatment. There were registered mental health nurses and healthcare support workers. The occupational therapy department consisted of two occupational therapists and two therapy assistants. Cambian Appletree employed administrative, catering and domestic staff. All staff interacted well with patients, and those not involved directly in patient treatment were supported to attend additional training in mental health if they had an interest in doing so. An example of this was the hospital administrator who was undertaking a mental health awareness course via distance learning. Cambian Appletree supported and funded the Mental Health Act administrator to undertake their mental health law and practice qualification at a local university.

Personnel files showed that staff had the appropriate training and qualifications to undertake their role. Staff had an induction and probationary period. A number of the training courses during the induction period met the



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requirements of the care certificate standards. The personnel files were comprehensive and included full documentation in most cases. It was clear that the manager followed disciplinary processes where applicable.

The manager was accessible to staff and patients throughout the day. Each staff member had an identified supervisor, and a review of three personnel files showed regular supervision was taking place. Medical staff had monthly continual professional development meetings, both regionally and nationally. Supervisions and appraisals followed the supervision policy which stated that there must be 'regular formal meetings' and that the supervisions and appraisals should be recorded in a prescribed format. All staff reported good access to management and regular supervision. All non-medical staff had received an appraisal in the 12 months prior to inspection. The psychologist held a regular staff forum, which staff could access for additional support.

The manager was awaiting funding approval to undertake a qualification in management and leadership at a local college. Following feedback from managers, Cambian Healthcare Limited had developed additional training to support the role in areas such as root cause analysis and the management of disciplinary procedures.

## **Multi-disciplinary and inter-agency team work**

A representative of every discipline of staff, including the head of hotel services and the head of catering attended the morning meeting. Handovers occurred twice daily and a morning meeting and handover book kept a record of all discussions. Senior staff would disseminate information to the rest of their team following the morning meeting. A review of the previous four weeks handover and morning meeting books showed that staff communicated well and understood the needs of patients. Patients spoke positively of the teamwork between the staff. The occupational therapy staff had a meeting with patients prior to their monthly review. This enabled patients to have time to document any questions they wanted to ask that they could forget during their review to ensure their voice was heard.

Staff reported close relationships within the team. Cambian Appletree also worked closely with another Cambian Healthcare Limited hospital in the North East and staff would access peer support and attend meetings across both sites. We sought feedback from other organisations

prior to the inspection. Responses from home treatment teams and commissioners were positive. Care co-ordinators felt the communication received from the hospital was excellent, that they were kept regularly updated on patients' progress and were involved in decision making. Commissioners felt that Cambian Appletree provided them with timely and accurate updates about patient care and treatment. They reported that staff were compassionate, respectful, and proactive in meeting the needs of patients and responding to requests.

## **Adherence to the Mental Health Act and the code of practice**

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider. At the time of inspection, Cambian Appletree had 24 patients detained under the Mental Health Act and two informal patients. The informal patient had a good understanding of her rights and went out alone from the hospital most days.

At the previous CQC inspection in January 2016, it was found that Cambian did not have an implementation plan in place to ensure its hospitals adhered to the revised code of practice. They had not updated their policies and procedures to meet the requirements of the revised code of practice. Cambian Appletree had only trained 25% of staff in the revised code of practice.

At the time of this inspection, Cambian Appletree had trained all staff in the revised Mental Health Act code of practice. An electronic learning module was added to the Achieve induction package, which all staff had completed. An external trainer delivered a classroom based learning session, which they had updated to reflect the new code and again which all staff had attended. The Mental Health Act administrator facilitated group supervision sessions which focussed on the changes to the code since April 2015 and which all staff had attended. Copies of the code were available in the hospital and on the computer system. Staff were aware of the changes to the code of practice; however, this required embedding into practice. Staffs' practical knowledge of the changes and the impact of this on their practice was limited during interviews.

Cambian Healthcare Limited had embarked on a project to align all policies with the revised Mental Health Act code of practice. They had reviewed all necessary policies and procedures to reflect the updated paragraphs within the

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code of practice. However, at the time of inspection, the legal department was still reviewing some of these policies and as such; they did not meet the full requirements as outlined in annex B of the code of practice. For example, the revised code required the provider to have a written policy that sets out precisely what the arrangements are for entry to and exit from the ward. This was not in the current policy and procedure for locked doors.

Cambian Appletree were working to these policies but had also implemented some local procedures to ensure they were operating in line with the code of practice. Cambian Healthcare Limited's organisational policy for visitors to hospital did not include the requirements of the code of practice. However, Cambian Appletree had developed a local protocol to meet the code's requirements.

Detention documentation complied with the Mental Health Act and the code of practice. A Mental Health Act administrator completed audits and scrutinised documentation. Staff felt supported by this and effective systems were in place to support staff in meeting the responsibilities of the Mental Health Act.

Patients we spoke to were aware of which section of the Mental Health Act they were detained under. Patients had information on their rights to appeal under the Act. This included a record of how the patient responded and their understanding of their rights.

Patients had access to an independent mental health advocate and were aware of this service. Most of the patients interviewed were using this service.

## **Good practice in applying the Mental Capacity Act**

All staff had completed combined training on the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. The hospital had made no deprivation of liberty safeguards applications in the 12 months prior to inspection.

Cambian Healthcare Limited had a policy and procedure on Mental Capacity Act 2005. The policy detailed the principles of the Act, the processes around decision-making and best interest assessments, the use of the independent mental capacity advocate and the legal obligations set out in the Act. The weekly reporting spreadsheet monitored the number of capacity assessments completed each week. Senior staff completed a case-tracking audit three times per year. Part of this involved checking patient records for evidence of consent to care and treatment and checking if staff had completed capacity assessments where appropriate.

Patients' records showed the use of two forms to assess capacity, an MCA1 and an MCA2. The MCA1 was a tick box form to assess capacity for day-to-day decision making and which staff were to review every six months. The MCA2 contained more detail and evidence of an assessment of capacity, such as for patient finances. Staff understanding of the Mental Capacity Act in practice varied. Nursing staff did not fully understand that they could assess capacity and did not always link capacity assessments to the patients care plan. The occupational therapist had been involved in capacity assessments and had more understanding of the process.

Cambian Appletree worked closely with the local authority who undertook best interest assessments when required. All patients were presumed to have capacity unless proven

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that all policies reflect the requirements of the revised Mental Health Act code of practice as stated in annex B of the code.

### Action the provider **SHOULD** take to improve

- The provider should ensure that nursing and support staff fully understand the principles of the Mental Capacity Act, their responsibilities under the Act and that any decisions about capacity are linked to patient's care plans.
- The provider should continue to monitor, review, and reduce the blanket restrictions placed on patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that nationally recognised guidance was implemented following changes to the Mental Health Act code of practice. The provider's policies did not accurately reflect the requirements of the Mental Health Act code of practice as detailed in annex B.</p> <p>This was a breach of Regulation 17 (2) (a)</p>